

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

Bibi Fathema Dowlut

Case No. 18-70651 JAD

Reporting Period: 7/31/2019

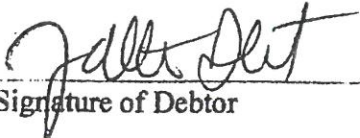
MONTHLY OPERATING REPORT  
(INDIVIDUAL WAGE EARNERS)

File with Court and submit copy to United States Trustee within 14 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	✓	
Schedule of Cash Receipts and Disbursements - continuation	MOR-1 (INDV) (CONT)	✓	
Bank Reconciliation		✓	
Copies of bank statements		✓	
Cash disbursements journals		✓	
Copies of tax returns filed during reporting period		✓	
Summary of Unpaid Postpetition Debts	MOR- 4		
Debtor Questionnaire	MOR- 5		

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

  
Signature of Debtor

7/30/2019  
Date

\_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Preparer

FORM MOR (INDV)  
(10/00)

Bibi Fathema Dowlut

Case No. 18-70651 JAD

Debtor

Reporting Period: July 31, 2019

## INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account.

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	357.00	
<b>RECEIPTS</b>		
Wages (Net)		
Interest and Dividend Income		
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income (attach schedule)	12,000.00	
<b>Total Receipts</b>		
<b>DISBURSEMENTS</b>		
<b>ORDINARY ITEMS:</b>		
Mortgage Payment(s)	10,831.74	
Rental Payment(s)		
Other Secured Note Payments		
Utilities		
Insurance		
Auto Expense	500.00	
Lease Payments		
IRA Contributions		
Repairs and Maintenance		
Medical Expenses		
Household Expenses		
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other (attach schedule)		
Travel and Entertainment		
Gifts		
Other (attach schedule) <u>Bank charges</u>	36.00	
<b>Total Ordinary Disbursements</b>		
<b>REORGANIZATION ITEMS:</b>		
Professional Fees		
U. S. Trustee Fees		
Other Reorganization Expenses (attach schedule)		
<b>Total Reorganization Items</b>		
<b>Total Disbursements (Ordinary + Reorganization)</b>		
<b>Net Cash Flow (Total Receipts - Total Disbursements)</b>		
<b>Cash - End of Month (Must equal reconciled bank statement)</b>	989.30	



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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
<u>Other Income</u>		
Contribution from non-Debtor spouse	12,000.00	
<u>Other Taxes</u>		
	0	
<u>Other Ordinary Disbursements</u>		
	0	
<u>Other Reorganization Expenses</u>		
	0	

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**STATUS OF POSTPETITION TAXES**

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero. Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes. Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
<b>Federal</b>						
Withholding						
FICA-Employee						
FICA-Employer						
Unemployment						
Income						
Other:						
<b>Total Federal Taxes</b>						
<b>State and Local</b>						
Withholding						
Sales						
Excise						
Unemployment						
Real Property						
Personal Property						
Other:						
<b>Total State and Local</b>						
<b>Total Taxes</b>						

**SUMMARY OF UNPAID POSTPETITION DEBTS**

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable						
Wages Payable						
Taxes Payable						
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders*						
Other:						
Other:						
<b>Total Postpetition Debts</b>						

Explain how and when the Debtor intends to pay any past-due postpetition debts.

\* "Insider" is defined in 11 U.S.C. Section 101(31).



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### ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	
+ Amounts billed during the period	
- Amounts collected during the period	
Total Accounts Receivable at the end of the reporting period	

Accounts Receivable Aging	Amount
0 - 30 days old	
31 - 60 days old	
61 - 90 days old	
91+ days old	
Total Accounts Receivable	
Amount considered uncollectible (Bad Debt)	
Accounts Receivable (Net)	

### DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.	X	
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

**Banking Summary - Last month**

7/1/2019 through 7/31/2019

8/29/2019

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Category	7/1/2019- 7/31/2019
<b>INCOME</b>	
SPOUSE INCOME	12,000.00
<b>TOTAL INCOME</b>	<b>12,000.00</b>
<b>EXPENSES</b>	
Auto	500.00
Bank Charges	36.00
MORT BLAIR CHALET	4,191.04
MORTGAGE NORTHWEST BANK	6,640.70
<b>TOTAL EXPENSES</b>	<b>11,367.74</b>
<b>OVERALL TOTAL</b>	<b>632.26</b>



Direct inquiries to:  
PO Box 190  
Indiana, PA 15701  
800.325.2265  
stbank.com

**FATHEMA DOWLUT**  
**DEBTOR IN POSSESSION**  
**CASE NUMBER 18-70651-JAD**  
**365 OAK KNOLL RD**  
**HOLLIDAYSBURG PA 16648-2613**

**Altoona Regional**

Account Number: **3004211276**

Type: **Select Banking**

**Page 1 of 2**

Statement from:

**June 29 to July 31, 2019**

Enclosures 0

**ACCOUNT SUMMARY**

Previous Statement Balance		\$ 357.04
Deposits and Other Additions	+	18,640.70
Checks Paid and Other Subtractions	-	18,008.44
Ending Balance on July 31, 2019		\$ 989.30
Low Balance		\$ 5,474.70 -
Average Ledger Balance		\$ 1,686.11

**DAILY ACTIVITY ON YOUR ACCOUNT NUMBER: 3004211276**

		<i>Subtractions</i>	<i>Additions</i>	<i>Balance</i>
06-29	Previous Statement Balance			\$ 357.04
07-05	Deposit		\$ 5,000.00	\$ 5,357.04
07-09	Check 113	\$ 4,191.04 -		\$ 1,166.00
07-09	R Check 114	\$ 6,640.70 -		\$ 5,474.70 -
07-10	Deposit		\$ 7,000.00	\$ 1,525.30
07-10	#NSF Returned Item 114		\$ 6,640.70	\$ 8,166.00
	CHECK 114			
07-10	#Return Item Fee	\$ 36.00 -		\$ 8,130.00
	FOR RETURN OF CHECK # 114			
07-12	Check 114	\$ 6,640.70 -		\$ 1,489.30
07-15	#Preauthorized Debit	\$ 500.00 -		\$ 989.30
	MMCA CW WALLET/S BILL PAY			
	190715			
07-31	Ending Totals	\$ 18,008.44 -	\$ 18,640.70	\$ 989.30

R-Check has been returned



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**FATHEMA DOWLUT**

Account Number: **3004211276**

Type: **Select Banking**

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**CHECKS PAID IN CHECK NUMBER ORDER**

Check No.	Amount	Check No.	Amount	Check No.	Amount
113	\$ 4,191.04	114 R	\$ 6,640.70	114 *	\$ 6,640.70

\* Indicates Skip in Check Number  
R Indicates Check Has Been Returned

**WITHDRAWALS**

Date	Amount	Date	Amount
07-10 Return item fee	36.00	07-15 Preauthorized debit	500.00

**DEPOSITS**

Date	Amount	Date	Amount
07-05 Deposit	5,000.00	07-10 NSF returned item	6,640.70
07-10 Deposit	7,000.00		

**OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$36.00	\$36.00